

## Vendor's RFQ Offer

It is REQUIRED that Request for Qualifications Offeror COMPLETE, SIGN and SUBMIT the original of this form to the City Procurement Office with the RFQ response offer. An unsigned "Vendor's RFQ Offer", late response and/or a materially incomplete response will be considered non-responsive and rejected.

RFQ offeror is to type or legibly write in ink all information required below.

RFQ Offeror's Company Name	<u>Blackshar Construction LLC</u>		
Company Mailing Address	<u>P.O. Box 752, Chandler, AZ 85244</u>		
Company Street Address	<u>560 N. Conarch Dr., Chandler, AZ 85224</u>		
RFQ Offeror Contact	<u>Ed Blackshar Jr.</u>	Title	<u>Owner</u>
Contact's Phone No.	<u>480-606-2357</u>	E-mail Address	<u>blacksharconstruction2@juno.com</u>
RFQ Offeror's Company Tax Information:			
Arizona Transaction Privilege (Sales) Tax No.	<u>20119453</u>	or	
Arizona Use Tax No.			
Federal I.D. No.	<u>75-3195868</u>		
City & State Where Sales Tax is Paid	<u>Phoenix, AZ</u>		

### THIS REQUEST FOR QUALIFICATIONS IS OFFERED BY

Authorized RFQ Offeror (Type or Print in ink) Edward Blackshar Jr.

RFQ Offeror's Title (Type or Print in ink) Owner

Date 9-25-2007

### REQUIRED SIGNATURE OF AUTHORIZED RFQ OFFEROR (Must Sign in Ink)

By signing this RFQ Offer, Offeror acknowledges acceptance of all terms and conditions contained herein and that prices offered were independently developed without consultation with any other offeror or potential offeror. Failure to sign and return this form with RFQ offer will result in a non-responsive RFQ.

Ed Blackshar Jr.  
Signature of Authorized RFQ Offeror

9-25-2007  
Date

## RFQ Questionnaire

Listed below are questions that will be used in the evaluation process. Please answer the questions in detail and in an orderly fashion.

1. Provide a summary of your firm's experience and expertise.
2. List the trades your firm wants to appear on the qualified list.
3. Identify the key individuals you would assign to the City of Tempe and briefly describe their qualifications and experience.
4. Provide copies of current, valid, State of Arizona Contractors licenses to each trade you are requesting to be on the qualified list.
5. List three references with contact name and phone number for each type of work completed in the past two (2) years.

Company

Contact Name

Phone Number

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6. Describe the services you will sub-contract.

plumbing

electrical

air conditioning

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7. Provide evidence of financial stability.
8. Indicate if your firm performs rehabilitation on mobile homes?

X Yes             No

Edward Blackshear Jr.  
P.O. Box 752  
Chandler, Arizona 85244  
480-606-2357 (phone)/ 480-786-4986 (fax)  
e-mail address: blackshearconstruction1@juno.com  
website address: blackshearconstructionaz.samsbiz.com

**OBJECTIVE:** A full-time builder and developer of the local Phoenix, Arizona area.

**EDUCATION:** Arizona State Licensed Contractor, ROC 220802  
Dual Residence and Small Commercial  
Arizona Contractor Center, Tempe, Arizona June 2006  
  
Certificate from American Concrete Institute - International 2002  
Flatwork Technician & Finisher  
  
Certificate from Cement Mason Cross Training of Northern Ohio  
Administrative District Council 2001  
  
Graduated Bricklayer Apprenticeship Program from Max Hays 1984  
Cleveland, Ohio

**MILITARY BACKGROUND:** U.S. Marines 1975 to 1981, Honorable Discharge

**EXPERIENCE:** Formerly of Cleveland, Ohio, began as an Apprentice Laborer for Blackshear Construction in 1981. Moved on to become the brick mason of the company shortly afterward. Became sole owner of the company in 1992 which specializes in residential construction (including basements).

Along with 25 years of personal construction experience, Blackshear Construction LLC has thorough knowledge of building codes and procedures . . . . .

- Four-star rating with our customers and with regulatory agencies such as Better Business Bureau
- We partner with you to improve your company's efficiency and productivity
- Prior to beginning work with you we meet to understand the scope of your needs, your budget and your timeline
- We offer a full range of general contracting services (residential and commercial) to create the perfect home/structure
- Services also include remodeling, room additions or new home building
- We work with you at all stages of the process, from concept to construction
- We build custom homes in all price ranges, meeting your budget needs
- Estimates based on realistic costs and timeframes
- We communicate with you at all stages of the construction process
- We use only quality materials, the finest tradespeople and experienced subcontractors to assure you of precise/quality workmanship

**COMMERCIAL PROPERTIES INCLUDE:** Justice Center, Cleveland, Ohio  
Hunan's, Cleveland, Ohio  
American Heart Association, Cleveland, Ohio  
Metzenbaum School for Retarded Children, Cleveland, Ohio  
Deer Run Apartments, Cleveland, Ohio  
Desert Jewel (Property Management/Maintenance), Chandler, Arizona  
Private Residents (Property Mgmt/Maintenance/Remodels), Chandler & Phoenix, Arizona  
City of Mesa, HUD Home Remodels, Mesa, Arizona  
Portrero Sports Bar & Grill, Chandler, Arizona  
Main Street Billiards, Tucson, Arizona

REFERENCES AVAILABLE UPON REQUEST

# **GENERAL INFORMATION**

## **Description of Firm/Team**

Formerly of Cleveland, Ohio, Edward Blackshear Jr of Blackshear Construction LLC has 25 years of personal construction experience as well as a thorough knowledge of Arizona building codes and procedures. The company continues to possess a four-star rating with their customers and other regulatory agencies such as Better Business Bureau. Blackshear Construction LLC offers a full range of general contracting services both residential and small commercial which include remodeling, room additions, as well as new home/building construction.

## **Legal Company Organization**

Edward Blackshear Jr., Sole Owner

## **Applicable Arizona Licenses**

License Number:	ROC220802
License Class:	KB-02      Dual Dual Residence and Small Commercial
License Entity:	Limited Liability Corporation
Licensed Issue Date:	6/13/2006
Renewed Through:	6/30/2008

TRADES THAT BLACKSHEAR CONSTRUCTION LLC WANTS TO APPEAR ON  
QUALIFIED LIST

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GENERAL CONTRACTOR

# KEY INDIVIDUALS ASSIGNED TO CITY OF TEMPE

Carl Myers  
1225 Ironwood  
Chandler, AZ  
480-276-3091 (phone)/ 480-247-3198 (fax)  
Social Security No (Confidential - To be Submitted upon Award of Contract)

## "Project Manager"

### Qualifications and Experience:

A Carpenter by trade, our Project Manager provides overall field supervision services which include allowing access to unoccupied residence (such as "**Kimberly Gammage**" project)/unoccupied commercial building (such as "**Portrero's Sports Bar**" project) by 7:00 am daily; provides supervision as far as any demolition, hauling, delivery and waste removal services required; as well as records/accounts for activity with Blackshear Construction LLC as far as any carpentry, electrical, plumbing, air conditioning, and roofing services required. Our Project Manager is present and available for all City inspections. He teams up with our General Contractor to record/account for the assurance that all materials, replacements and grades conform with HUD requirements and meet FHA approval.

**Lapre Scali & Company Ins**  
8201 N. Hayden Rd.  
Scottsdale, AZ 85258  
Phone: 480-947-3556 Fax: 480-425-8006

**Blackshear Construction LLC**  
Edward Blackshear Jr.  
513 N Comanche Dr  
Chandler, AZ 85224

# MEMO

Page 1

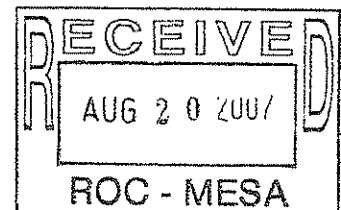
ACCOUNT NO.	OP	DATE
BLACS-B	RJ	08/16/2007
POLICY INFORMATION		
POLICY #		
41120261		
TYPE		EXPIRATION
BOND		08/15/2007 08/15/2008

Re: NEW BOND

Attached is the new bond for your client.

Thanks

Rebecca Jakobcic



(PART IV)

LICENSE BOND

THIS BOND MUST BE ON FILE WITH THE ARIZONA REGISTRAR OF CONTRACTORS

STATE OF ARIZONA  
REGISTRAR OF CONTRACTORS

BOND NO: 41120261

That BLACKSHEAR CONSTRUCTION LLC

as the principal, and PLATTE RIVER INSURANCE COMPANY

(Surety)

a corporation, duly authorized and licensed to transact surety business in the State of Arizona, are held and firmly bound unto the State of Arizona for the benefit of those persons described in A.R.S. §32-1152, as amended, in the penal sum set forth for the classification of license described:

LICENSE CLASSIFICATION

PENAL SUM

KB-02 DUAL RESIDENCE & SMALL COMMERCIAL

\$5,000.00 COMMERCIAL

\$5,000.00 RESIDENTIAL

The Principal has applied to the Registrar of Contractors of the State of Arizona for a license to conduct the business of contracting under the above-described classifications and submits this bond to comply with the provisions of A.R.S. §32-1152, as amended, which are incorporated herein as though fully set forth.

Liability under this bond is limited to the penal sum for each classification of work performed by the Principal. Liability under each classification shall be determined strictly in accordance with the provisions of A.R.S. §32-1152, as amended, which are incorporated herein as though fully set forth.

Upon making payment to a claimant against the bond, the Surety shall immediately give written notice to the Principal and the Registrar of Contractors of the date and amount of payment.

The amount of this bond is based on the representation of the Principal of the anticipated annual gross volume of work pursuant to Rule R4-9-112.

This bond becomes effective on 15TH day of AUGUST, 20 07.

SIGNED, SEALED AND DATED 15TH day of AUGUST, 20 07.

Signature of Contractor (Principal)

By: Cheryl L. Fenton  
Signature Attorney-In-Fact (Must be Notarized)

Title of Signer

By: CHERYL L. FENTON, ATTORNEY IN FACT  
Print or Type Name of Attorney-In-Fact

BLACKSHEAR CONSTRUCTION LLC

Print or Type Name of Contractor (Principal)

Subscribed and sworn to before me this 15TH  
day of AUGUST, 20 07.

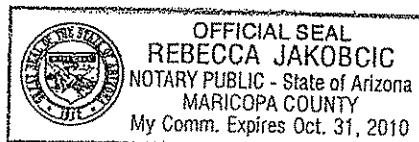
Notary Public

My Commission Expires: 10/31/2010

State of: ARIZONA

County of: MARICOPA

THE ORIGINAL BOND MUST BE SIGNED BY  
THE PRINCIPAL, ATTORNEY-IN-FACT AND  
THE NOTARY PUBLIC AND BE FILED WITH  
THE REGISTRAR OF CONTRACTORS AT 800  
W WASHINGTON 6<sup>TH</sup> FLOOR PHOENIX, AZ  
85007 TO COMPLY WITH A.R.S. § 32-1152





PLATTE RIVER INSURANCE COMPANY  
POWER OF ATTORNEY

41120261

KNOW ALL MEN BY THESE PRESENTS, That the PLATTE RIVER INSURANCE COMPANY, a corporation of the State of Nebraska, having its principal offices in the City of Middleton, Wisconsin, does make, constitute and appoint

MICHAEL D. LAPRE, DEBORAH M. MCGUCKIN, CHERYL L. FENTON, ERIN BROWN, DAVID WIELAND

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

ALL WRITTEN INSTRUMENTS IN AN AMOUNT: \$2,000,000.00

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PLATTE RIVER INSURANCE COMPANY at a meeting duly called and held on the 8th day of January, 2002.

"RESOLVED, that the President, and Vice-President, the Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, one or more vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of the Corporation; the signature of such officers and the seal of the Corporation may be affixed to such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Corporation in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

IN WITNESS WHEREOF, the PLATTE RIVER INSURANCE COMPANY has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested, this 1st day of June, 2006.

Attest:

*Alan S. Ogilvie*  
Alan S. Ogilvie  
Secretary



PLATTE RIVER INSURANCE COMPANY

*James J. McIntyre*  
James J. McIntyre  
President

STATE OF WISCONSIN } S.S.:  
COUNTY OF DANE

On the 1st day of June, 2006 before me personally came James J. McIntyre, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Dane, State of Wisconsin; that he is President of PLATTE RIVER INSURANCE COMPANY, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.



STATE OF WISCONSIN } S.S.:  
COUNTY OF DANE

*Kathleen A. Paulson*  
Kathleen A. Paulson  
Notary Public, Dane Co., WI  
My Commission Expires 10-15-2006

I, the undersigned, duly elected to the office stated below, now the incumbent in PLATTE RIVER INSURANCE COMPANY, a Nebraska Corporation, authorized to make this certificate, DO HEREBY CERTIFY that the foregoing attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at the City of Middleton, State of Wisconsin this 15 day of August, 2007.



*Alan S. Ogilvie*  
Alan S. Ogilvie  
Secretary

THIS DOCUMENT IS NOT VALID UNLESS PRINTED ON GREEN SHADED BACKGROUND WITH A RED SERIAL NUMBER IN THE UPPER RIGHT HAND CORNER. IF YOU HAVE ANY QUESTIONS CONCERNING THE AUTHENTICITY OF THIS DOCUMENT CALL 800-475-4450.

# ACORD COMMERCIAL GENERAL LIABILITY SECTION

DATE  
06/27/2007

PRODUCER PHONE (480)804-0707  
FAX (480)804-0708

JP Insurance Group, Inc.  
2131 E. Broadway Rd. #34  
Tempe, AZ 85282

APPLICANT Blackshear Construction LLC.  
(First Named Insured)

EFFECTIVE DATE 07/17/2007 EXPIRATION DATE 07/17/2008 DIRECT BILL AGENCY BILL PAYMENT PLAN AUDIT

CODE: AGENCY CUSTOMER ID: 00000228

SUB CODE:

FOR COMPANY USE ONLY

## COVERAGES

## LIMITS

<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	\$ 2,000,000	PREMIUMS
CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ 1,000,000	PREMISES/OPERATIONS
OWNER'S & CONTRACTOR'S PROTECTIVE	PERSONAL & ADVERTISING INJURY	\$ 1,000,000	PRODUCTS
DEDUCTIBLES	EACH OCCURRENCE	\$ 1,000,000	OTHER
<input checked="" type="checkbox"/> PROPERTY DAMAGE \$ 1,000	FIRE DAMAGE (Any one fire)	\$ 100,000	
<input checked="" type="checkbox"/> BODILY INJURY \$ 1,000	MEDICAL EXPENSE (Any one person)	\$ 1,000	
	EMPLOYEE BENEFITS	\$	
			TOTAL

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For third-party-owned auto coverage attach the Business Auto Section, ACORD 127)

## SCHEDULE OF HAZARDS

LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERR	RATE		PREMIUM	
					PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
00001	Carpentry	91342	P) 26,400	002				
00001	Driveway - paving or repair	92215	P) if any	002				
00001	Dry Wall	92338	P) if any	002				
00001	Masonry	97447	P) if any	002				
00001	Painting - exterior	98304	P) if any	002				
00001	Painting - interior	98305	P) if any	002				
00001	Contractors - sub work - 1 or 2 family dwellings	91583	C) 25,000	002				

### RATING AND PREMIUM BASIS

(S) GROSS SALES - PER \$1,000/SALES

(P) PAYROLL - PER \$1,000/PAY

(A) AREA - PER 1,000/SQ FT

(C) TOTAL COST - PER \$1,000/COST

(M) ADMISSIONS - PER 1,000/ADM

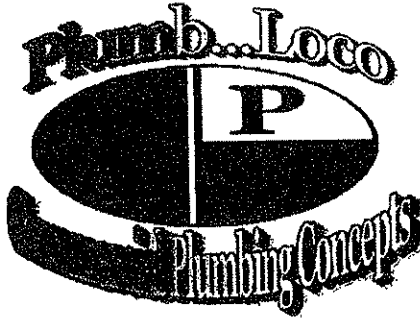
(U) UNIT - PER UNIT

(T) OTHER

### CLAIMS MADE (Explain all "Yes" responses)

### EMPLOYEE BENEFITS LIABILITY

1. PROPOSED RETROACTIVE DATE:	1. DEDUCTIBLE PER CLAIM: \$
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV:	2. NUMBER OF EMPLOYEES:
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	4. RETROACTIVE DATE:
REMARKS	REMARKS



Plumb Loco, LLC d/b/a  
Commercial Plumbing Concepts  
3018 W. Yuma St.  
Phoenix, AZ; 85009  
(480) 278-1236 / Fax - (480) 422-2428

*Licensed-ROC No. 229595 - Bonded - Insured  
K37 - Dual License Commercial/ Residential Plumbing*

9/25/07

Attn: Carmen  
Blackshear Construction, LLC  
P.O. Box 752  
Chandler, AZ; 85244

Re: Business Certificates

Dear Carmen,  
I have attached the following certificates, as per your request.

1. Request for workers Compensation Certificate.
2. Copy of General Liability insurance along with request.
3. Taxpayer Bond.
4. License Bond.
5. Registrar License certificate.

Please let me know if you need any additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "K. Sauer", written over a horizontal line.

Karl D. Sauer



Plumb Loco, LLC d/b/a  
Commercial Plumbing Concepts  
3018 W. Yuma St.  
Phoenix, AZ; 85009  
(480) 278-1236 / Fax - (480)422-2428  
*Licensed-ROC No. 229595 - Bonded - Insured  
K37 - Dual License Commercial/Residential Plumbing*

9/17/07

Attn: Marilee  
SCF of Arizona

Fax - 602-631-2955

Re: Proof of Insurance

Dear Marilee,  
Please send out proof of Insurance to the following Contractor:

Attn: Carmen  
Blackshear Construction, LLC  
P.O. Box 752  
Chandler, AZ; 85244

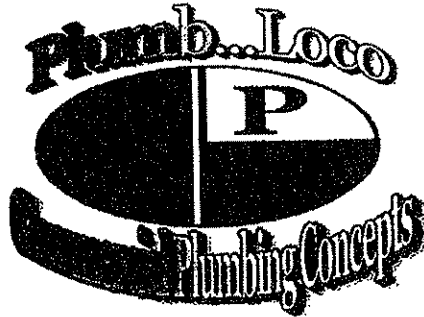
I have just sent a request to use your online services.

Sincerely,

A handwritten signature in black ink, appearing to be "Karl D. Sauer". The signature is written over the printed name and phone number.

Karl D. Sauer  
480-278-1236 (Cell)





Plumb Loco, LLC d/b/a  
Commercial Plumbing Concepts  
3018 W. Yuma St.  
Phoenix, AZ; 85009  
(480) 278-1236 / Fax - (480) 422-2428  
*Licensed-ROC No. 229595 - Bonded - Insured  
K37 - Dual License Commercial/Residential Plumbing*

9/25/07

Attn: Carol  
Powers-Leavitt  
Insurance Agency  
P.O. Box 125  
Buckeye, AZ; 85326-0011  
Fax - 623-386-7675

Re: Certificate of Insurance  
Account No. 53594110

Dear Carol,  
Please send out a Certificate of Insurance to the following Contractor:

Attn: Carmen  
Blackshear Construction  
P.O. Box 752  
Chandler, AZ; 85244

Sincerely,

Karl D. Sauer  
480-278-1236 (Cell)

# TAXPAYER BOND FOR CONTRACTOR UNDER ARS § 42-5006

Industry Classification: \_\_\_\_\_ Bond No: RSB128158

Transaction Privilege Tax License No: \_\_\_\_\_ Bond Amount: \*\*\$2,000

Plumb Loco, LLC with a  
principal place of business at 3018 W Yuma Street Phoenix, AZ 85009, as  
principal, and RLI Insurance Company a corporation,  
authorized to transact surety business in the State of Arizona as surety, are held and are firmly bound unto the State of Arizona and the  
Arizona Department of Revenue as official collector of the transaction privilege taxes imposed by this state or political subdivisions of this  
state in the sum of Two Thousand \*\*\*\*\* dollars (\$ \*\*\$2,000 ) in lawful money of the United States of  
America for the payment of which we bind ourselves, our heirs, executors, and assigns jointly and severally.

The Principal is a contractor who desires to engage in business in the State of Arizona and is required by law to execute a bond in compliance  
with all provisions of ARS § 42-5006.

If the principal complies with all provisions of ARS Title 42, including, but not limited to, payment of all transaction privilege taxes, penalties, and  
other obligations incurred by the principal and which are adjudged due and owing by the principal during the term of this bond, this obligation is  
void; otherwise the obligation remains in full force and effect. After notice and a hearing pursuant to ARS Title 42, the Director of Arizona  
Department of Revenue may order forfeited to this State and any affected political subdivision any part or all the surety bond for nonpayment of  
those taxes, penalties or other obligations.

The term of this bond is continuous and regardless of the number of years it remains in force and effect, the liability of the surety shall not exceed  
the amount stated in this bond. This bond is effective the 31st day of January, 2007 and shall continue in force until  
terminated as provided in this bond. The surety may terminate this bond after two years from this date by written notice to the Arizona Department  
of Revenue, 1600 W. Monroe, Phoenix, Arizona 85007. Such termination shall become effective 30 days after the actual receipt of the notice by  
Department. Termination of the bond does not affect any rights or liabilities which have accrued under this bond prior to the termination.

Signed and dated this 31st day of January, 2007



Plumb Loco, LLC  
By [Signature] Principal  
Title Member  
Address 3018 W Yuma Street  
Phoenix AZ 85009  
RLI Insurance Company

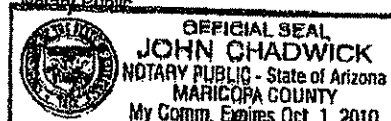
By [Signature] Surety  
Attorney  
Address 1010 E. Jefferson St, Phoenix, Arizona 85034

Subscribed and Sworn to before me this 31st day of January, 2007

My commission expires:

1-31-07  
Date

[Signature]  
Notary Public



## LICENSE BOND

THIS BOND MUST BE ON FILE WITH THE ARIZONA REGISTRAR OF CONTRACTORSSTATE OF ARIZONA  
REGISTRAR OF CONTRACTORSBOND NO: RSB128157That Plumb Loco, LLCas the principal, and RLI Insurance Company  
(Surety)

a corporation, duly authorized and licensed to transact surety business in the State of Arizona, are held and firmly bound unto the State of Arizona for the benefit of those persons described in A.R.S. §32-1152, as amended, in the penal sum set forth for the classification of license described:

## LICENSE CLASSIFICATION

K-37 PLUMBING

## PENAL SUM

Commercial: 2,500Residential: 1,000

The Principal has applied to the Registrar of Contractors of the State of Arizona for a license to conduct the business of contracting under the above-described classifications and submits this bond to comply with the provisions of A.R.S. §32-1152, as amended, which are incorporated herein as though fully set forth.

Liability under this bond is limited to the penal sum for each classification of work performed by the principal. Liability under each classification shall be determined strictly in accordance with the provisions of A.R.S. §32-1152, as amended, which are incorporated herein as though fully set forth.

Upon making payment to a claimant against the bond, the Surety shall immediately give written notice to the Principal and the Registrar of Contractors of the date and amount of payment.

The amount of this bond is based on the representation of the Principal of the anticipated annual gross volume of work pursuant to Rule R4-9-112.

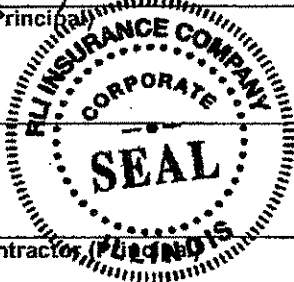
This bond becomes effective on 31st day of January, 2007.SIGNED, SEALED AND DATED 31st day of January, 2007.

Signature of Contractor (Principal)

Member  
Title of Signer

Michael Paul Bazan

Print or Type Name of Contractor



By:

Signature Attorney-In-Fact (Must be Notarized)

By:

Print or Type Name of Attorney-In-Fact

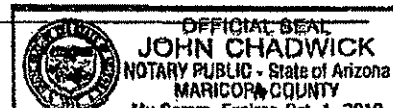
Subscribed and sworn to before me this 31stday of January, 2007

Notary Public

My Commission Expires:

State of: ARIZONACounty of: MARICOPA

THE ORIGINAL BOND MUST BE SIGNED BY THE PRINCIPAL, ATTORNEY-IN-FACT AND THE NOTARY PUBLIC AND BE FILED WITH THE REGISTRAR OF CONTRACTORS AT 800 W WASHINGTON 6TH FLOOR PHOENIX, AZ 85007 TO COMPLY WITH A.R.S. §32-1152





# STATE OF ARIZONA

Office of the  
Registrar of Contractors

License No. ROC229595

This is to Certify That

PLUMB LOCO L L C

having been shown to possess all the necessary qualifications, and having complied with all the requirements of the law, is by order of the Registrar of Contractors duly licensed and admitted to engage in and pursue the business of

K-37  
PLUMBING

Contractor in the State of Arizona. Given under my hand and the seal of the Registrar of Contractors in my office, City of Phoenix, this 7TH day of MARCH, 2007.



*Adelino V. Garcia*  
DIRECTOR

# RN ELECTRIC LLC

# FFax

<b>To:</b>		<b>From:</b>	RN ELECTRIC LLC
<b>Attn:</b>		<b>Pages:</b>	
<b>Fax:</b>		<b>Date:</b>	
<b>Re:</b>		<b>CC:</b>	

**Urgent      For Review      Please Comment      Please Reply      Please Recycle**

**Comments:**

I was hoping to get on your bid list. Here is some info of my company. If you have any questions please feel free to call!

Rich Najera  
RN Electric LLC  
602.400.2323 Phone  
480.275.7089 Fax  
Richard@rnelectric.net  
www.rnelectric.net

## COMMON POLICY DECLARATIONS

## Scottsdale Indemnity Company

Policy Number  
CL10033528

New

Home Office: One Nationwide Plaza • Columbus, Ohio 43215  
 Administrative Office: 8877 N. Gainey Center Drive • Scottsdale, Arizona 85258  
 1-800-423-7675  
 A STOCK COMPANY

Pursuant to Arizona Revised Statutes section 20-401.01, subsection b, paragraph 1, this policy is issued by an insurer that does not possess a certificate of authority from the Director of the Arizona Department of Insurance. If the insurer that issued this policy becomes insolvent, insureds or claimants will not be eligible for insurance guaranty fund protection pursuant to Arizona Revised Statutes title 20.

## ITEM 1. Named Insured and Mailing Address

RN ELECTRIC LLC

PO BOX 4943  
 MESA, AZ 85249

## Agent Name and Address

COLONIAL GENERAL INSURANCE AGENCY  
 P.O. BOX 14770  
 SCOTTSDALE, AZ 85267-4770

Agent No.: 02018 Program No.: 00KJ

## ITEM 2. Policy Period

From: 07/20/2006

To: 07/20/2007

Term: 365 DAYS

12:01 A.M., Standard Time at your mailing address.

Business Description: ELECTRICAL CONTRACTOR

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)	Premium
Commercial General Liability Coverage Part	\$ 3,565
Commercial Property Coverage Part	\$ NOT COVERED
Commercial Crime Coverage Part	\$ NOT COVERED
Commercial Inland Marine Coverage Part	\$ NOT COVERED
Commercial Auto (Business Auto or Truckers) Coverage Part	\$ NOT COVERED
Commercial Garage Coverage Part	\$ NOT COVERED
Professional Liability Coverage Part	\$ NOT COVERED
	\$
	\$
	\$
Total Policy Premium:	\$ 3,565.00
Agency Policy Fee	\$ 250.00
Inspection Fee	\$ 150.00
Stamping Tax	\$ 7.93
Surplus Lines Tax	\$ 118.95
Total	\$ 4,091.88

Form(s) and Endorsement(s) made a part of this policy at time of issue:

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

Fees are Fully Earned  
 No Flat Cancellations  
 NMB

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH  
 THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY,  
 COMPLETE THE ABOVE NUMBERED POLICY.

INSURED

opldth.fsp  
 Page 2

# Scottsdale Indemnity Company

## COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTAL DECLARATIONS

Policy No. CL10033528 Effective Date 07/20/2006  
12:01 A.M., Standard Time

Named Insured RN ELECTRIC LLC Agent No. 02018

Item 1. Limits of Insurance	
Coverage	Limit of Liability
Aggregate Limits of Liability	Products/Completed Operations Aggregate \$ 2,000,000 General Aggregate (other than Products/Completed Operations) \$ 2,000,000
Coverage A - Bodily Injury and Property Damage Liability	any one occurrence subject to the Products/Completed Operations and General Aggregate Limits of Liability \$ 1,000,000
Damage to Premises Rented to You Limit	any one premises subject to the Coverage A occurrence and the General Aggregate Limits of Liability \$ 100,000
Coverage B - Personal and Advertising Injury Liability	any one person or organization subject to the General Aggregate Limits of Liability \$ 1,000,000
Coverage C - Medical Payments	any one person subject to the Coverage A occurrence and the General Aggregate Limits \$ 5,000

### Item 2. Description of Business

#### Form of Business:

- ☐ Individual   
 ☐ Partnership   
 ☐ Joint Venture   
 ☐ Trust   
 ☒ Limited Liability Company  
☐ Organization including a corporation (other than Partnership, Joint Venture or Limited Liability Company)

#### Location of All Premises You Own, Rent or Occupy:

3943 S CROSSCREEK DR  
CHANDLER, AZ 85249

### Item 3. Forms and Endorsements

Form(s) and Endorsement(s) made a part of this policy at time of issue:

See Schedule of Forms and Endorsements

### Item 4. Premiums

Coverage Part Premium:	\$ 3,565
Other Premium:	NONE
Total Premium:	\$ 3,565

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

CARRIER CODE 13987  
SCF OF ARIZONA  
3030 N. 3rd St Phoenix, AZ 85012-3038

POLICY NO: 600608

## WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

PE OF OWNERSHIP: Limited Liability Company-Single M

## OWNERSHIP NAMES:

owners, if applicable, are shown on Endorsement 1070

## Item 1. NAME OF INSURED

RN ELECTRIC LLC  
PO BOX 4943  
MESA AZ 85211

Item 2. Policy Period FROM 07/17/2006 TO 07/01/2007  
12:01 a.m. Arizona Time at the address of the insured as stated herein

Item 3. A. Workers Compensation Insurance: Part One of the policy  
Applies to the Workers Compensation Law of Arizona.

B. Employers Liability Insurance: Part Two of the policy applies  
to work in Arizona

The limits of our liability under Part Two are:

Bodily Injury by Accident	\$	100,000	each accident
Bodily Injury by Disease	\$	100,000	each employee
Bodily Injury by Disease	\$	600,000	policy limit

C. Other States Insurance: Part Three of the policy applies to Arizona  
Employees per the terms of the Other States Coverage Endorsement.

Item 4. below for other workplaces not shown above.

THE COMPANY RESERVES THE RIGHT TO EXCLUDE COVERAGE UNDER PART TWO FOR REJECTORS

Item 4. Classification of Operations  
Minimum  
Code

The premium for this policy will be determined by our manual of rates,  
classifications, rates and rating plans. All information required below  
is subject to verification and change by audit.

## PREMIUM BASIS

Estimated Total  
Annual Remuneration

## RATES

Rate  
Per \$100  
of Payroll

ESTIMATED  
ANNUAL  
PREMIUM

3943 Crosscreek Dr, Chandler AZ 85249

07/17/2006 07/01/2007

07/17/2006-07/01/2007 5190-006 ELEC WIRE-BLDG-INST/REP FIX/APL

\$83,500

4.0500

\$2,572

THIS IS NOT A BILLING \*

Manual Premium

\$2,572

Balance to Policy Minimum Premium

NA

Standard Premium

\$2,672

State Fund's Premium Deviation 0.9000

\$257CR

9740 Terr. Risk Ins. Act (See Endorsement 1089)

\$83,500

0.0300

\$19

9741 DTEC (See Endorsement 0462)

\$83,500

0.0100

\$6

Policy Charge

\$172.00

Indicated, interim adjustments  
if premium shall be made:

Quarterly

Minimum Premium

\$646

Required Deposit Premium

\$874

Total Estimated Annual Premium

\$2,612

Endorsement

Endorsement Description Attached

Numbers 1005 1092A 1095 1060 1065 1075 1080 61310 61310B 61461 61462 611070

Anniversary Rating Date: 07/17/2006

*Donald A. Simon*

PRESIDENT

Countersigned 07/31/2006

*Greg Hermie*

AUTHORIZED REPRESENTATIVE



# MEMBER

Better Business Bureau of Central/Northern Arizona

[www.arizonabbb.org](http://www.arizonabbb.org)

## R N ELECTRIC, L.L.C.

### Member Since 2006

### Valid Through November 2007

This company has met all the requirements of membership, and supports the ethical business standards of the Better Business Bureau®.

**The Better Business Bureau. It's Just Good Business.**



**AZROC 198578 RES**  
**AZROC 213215 COM**  
 licensed bonded insured

Thank you for the opportunity to send some company information. We take pride in performing high quality air conditioning installs. By completing our jobs on time with few call backs, we strive for 100% customer satisfaction. Our product of choice is TRANE; however, we can install most any major brand as individual projects may require. We would like the opportunity to earn your business. If you have any projects that you are accepting bids on at this time, we can view the plans at your plan room or pick them up at your convenience. We will then quickly get our bids out to you. Thank you for your time and consideration.

**Mailing /Billing Address** 20272 E. Appaloosa Dr.  
 Queen Creek, AZ 85242

**Physical Address:** 945 E. Juanita  
 Suite 102  
 Mesa, AZ 85204

**Contact Rep:** Jacob Greer  
**Phone:** 480.633.2665  
**Mobile:** 602.686.3102  
**Fax:** 480.507.3309  
**E-Mail:** [info@northwindhvac.com](mailto:info@northwindhvac.com)  
**Website:** [www.northwindhvac.com](http://www.northwindhvac.com)

**Trade Categories:** Air Conditioning Installation

**Geographic Areas of Work:** Arizona, Maricopa County and surrounding areas

**Project Types:** Commercial, Residential, Retail, Tenant Improvements up to \$500K (on the mechanical portion of work).

**Performance Reference:**

Date	Project	Contractor	Amount	Contact
9.06-12.06	Indian Bend Corp. Ctr.	Legend Const.	\$44,000	Greg McIntyre 602.695.7313
1.06-11.06	Salerno Ranch	Caliber Holdings	\$248,000	Ronda 602.460.7857
9.06-11.06	Multiple Housing	Clouse Const.	\$162,000	Mike Jasperson 480.888.5041
1.06-12.06	Multiple Housing	Meramont	\$42,000	Andy Hill 602.663.7805
7.05-11.05	Grand Canyon Services	Pebble Brook	\$35,200	Tom Allen 602.885.2368

**Year Business Started:** 2004

**Annual Volume of work completed in the last three years:**

2004	2005	2006
330,000	654,000	1,000,000

**Bonding Company and Agent's Name and Telephone:**

RLI Chris 602.439.7003

**Number of Employees:**

2 office personal      2 field supervisors      10 Avg. Field labor

**Name and Title of Companies Principles:**

**Name:** David Greer      **Title:** Member

**Safety:**

In the past three years our company has not had any fatalities, falls over 10 feet, or been cited by OSHA for a serious or willful violation

**Workers Compensation Modifier or EMR for the last three years:**

2003-nonc      2004-none      2005-1

**Liability:**

**Limit of Liability Insurance:** 2,000,000

**Additional insured and Primary Non-Contributory is available through our carrier**

**Rating of our liability carrier:** A+15

**Supplier References:**

**Company name:** The Trane Company  
**Contact:** Todd Lindsey  
**Address:** 21415 N. 15<sup>th</sup> Ave  
Suite # 118  
Phoenix, AZ 85027  
**Phone:** 623.687.2251  
**Fax:** 623.780.2595

**Company name:** Air Cold Webb  
**Contact:** Dave Lodein  
**Address:** 120 E Southern Ave  
Mesa AZ, 85210  
**Phone:** 480.890.0080  
**Fax:** 480.890.9008

**Company name:** Sigler  
**Contact:** Credit Dept.  
**Address:** 9702 W. Tonto St.  
Tolleson, AZ 85353  
**Phone:** 623.388.5100

**Company name:** Americas Best Services  
**Contact:** Bob  
**Address:** 625 S. Rockford Dr.  
Tempe, AZ 85281



**ACORD CERTIFICATE OF LIABILITY INSURANCE**

UNITED (MINIMUMITY)

12/19/2006

PRODUCER (480)834-9315  
LeBaron & Carroll, CDI  
1350 E. Southern Ave.  
Mesa, AZ 85204

FAX (480)649-0485

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED North Wind Air Conditioning, LLC.  
20272 E. Appaloosa Dr.  
Queen Creek, AZ 85242

## INSURERS AFFORDING COVERAGE

NAIC #

INSURER A Scottsdale Indemnity Company

INSURER B Hartford Fire Insurance Co.

19682

INSURER C

INSURER D

INSURER E

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURANCE TYPE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	CL10030800	09/03/2006	09/03/2007	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO- <input type="checkbox"/> FECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ex. Motorist) \$ 100,000 MED EXP (Any injured) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS & COMPLET AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY	59UECTM8716DX	08/23/2006	08/23/2007	COMBINED SINGLE LIMIT (Ex. accident) \$ 100,000
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY				AUTO ONLY - EX. ACCIDENT \$ OTHER THAN EX. ACC \$ AUTO ONLY AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$ AGGREGATE \$ DEDUCTIBLE \$ RETENTION \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				NO STAT. LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> EL EACH ACCIDENT \$ EL DISEASE - EACH EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

## CERTIFICATE HOLDER

## CANCELLATION

PROOF OF INSURANCE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL \_\_\_\_\_ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Bryan Whitlock/CDIC42

©ACORD CORPORATION 1986

ACORD 25 (2001/08)

**Certificate of Insurance****Certificate Mailed To:**

NORTH WIND  
20272 E APPALOOSA DR  
QUEEN CREEK AZ 85242

**Name of Insured:**

TRIGON STAFF ADMIN INC  
For Leased Workers To  
North Wind Air Conditioning LLC  
1010 E Jefferson St  
Phoenix AZ 85034

Date Issued: 12/20/2006  
Certificate Number: 21  
Policy Number: 400312  
Origin Date: 08/03/2005  
Expiration Date: 04/01/2007  
Liability Limits: 100/100/500  
(000 Omitted)

**Proof of Coverage****Description of Operations**

HEAT, VENT, AIRCOND, REFRIGE, INSTAL

**Job Number:****Location:**

Will be renewed for the next policy period unless we are otherwise directed by our policyholder.

This Certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed hereon. This is to certify a workers' compensation policy has been issued to the insured listed hereon and is in force for the period referenced.

**Certificate Issued To:**

North Wind  
20272 E Appaloosa Dr  
Queen Creek AZ 85242

Authorized Representative

## REFERENCES

**Project Owner:** "Portrero's Sports Bar"  
**Project Location:** 2061 N Arizona Avenue  
Chandler, AZ 85225  
**Contact Name:** Sungho Park, Owner  
c/o Hollywood Billiards  
3029 N Alma School Road  
Chandler, AZ 85224  
480-274-4819 (phone)

**Project Description:**

- Tear out old Plumbing
- Tear out old Electrical
- Tear out old Framework
- Redo new Plumbing
- Redo new Electrical
- Redo new Framework

**Project Owner:** "Kimberly Gammage"  
**Project Location:** 2424 W Jacinto Avenue  
Mesa, AZ 85202  
**Contact Name:** Van Bagley, Rehab Specialist  
City of Mesa  
415 N Pasadena  
Mesa, AZ 85201  
(480) 644-5591 (phone)  
(480) 644-3208 (phone)  
(480) 644-5592 (fax)  
vanbagley@ci.mesa.az.us (e-mail)

**Project Description:**

- Termite Inspection
- Roofing Tear Out/Replace
- Exterior Painting of Home
- Tear Out/Redo Electrical to Code including meter installation
- Tear Out/Replace Roof Mounted Heat Pump Unit
- Tear Out/Complete Replumb (repipe entire domestic water system per code)
- Windows Removal/Replace (6) windows
- Exterior Door (2)/Security Screen Door/Arcadia Door Removal/Replace
- Attic Access Door Installation
- Add to existing Attic Insulation
- Provide Wrought Iron Gate
- Tear Out/Replace all existing deteriorated or damaged Kitchen Cabinetry
- Tear Out quality mill made modular countertop units/Replace with new laminated countertops
- Install new Kitchen sinks
- Tear Out deteriorated Kitchen disposal/Replace standard Kitchen disposal
- Remove/Replace dishwasher including electrical and plumbing for complete install
- Remove/Replace unsafe electrical range with range hood
- Remove/Replace existing bathtub Master Bathroom and Hall Bathroom
- Remove/Replace existing (3) walls in bathtub/shower Master Bathroom and Hall Bathroom
- Install water closet Master Bathroom and Hall Bathroom
- Install new lavatory top with bow Master Bathroom and Hall Bathroom
- Install new medicine cabinet Master Bathroom and Hall Bathroom
- Install new exhaust fan Master Bathroom and Hall Bathroom

**Project Owner:**  
**Project Location:**

**"Michael & Patti Putnam"**  
531 W Manor Street  
Chandler, AZ 85225  
Michael Putnam  
480-821-4016 (home)  
602-534-7148 (work)  
mputnam@cox.net (e-mail)

**Contact Name:**

**Project Description:**

- Demolish existing patio (leave existing foundation)
- Add 10' X 29' slab to existing 10' X 29' foundation
- Frame walls with 2" X 6" 16" on center and sheet with 1/2" plywood
- Frame roof and sheet with 5/8" plywood (2" pitch)
- Floor plan in accordance with City approved plans
- Run required electrical including (3) ceiling fans (panel inside)
- Install (2) double pane aluminum framed windows and (1) 36" metal door insulated cove
- Install 2.5 tons 12 sear ground mounted A/C unit
- Insulated wall and ceiling with R-30 fiberglass insulation
- Replace existing roof with 30 year warranty dimensional shingles and torch down on flat deck
- Stucco exterior of addition (best possible match)
- Paint exterior of addition only (best possible match)
- Paint exterior of entire house
- Carpet and or tile throughout entire addition



## How To Balance Your Account

- Step 1 ☐ Enter all checks, deposits, and other automated teller card (ATM) transactions in your register.
- ☐ Record all automated deductions, debit card transactions and electronic bill payments in your register.
- ☐ Record and deduct service charges, check printing charges, or other bank fees in your register.
- ☐ If you have an interest bearing account, add any interest earned shown on this statement to your register.
- Step 2 If applicable, sort checks in numerical order and mark in your register each check or other transaction that is listed on this statement.
- Step 3 List any deposits or credits you have made that do not appear on this statement (see space provided below).
- Step 4 List any checks you have written, debit card transactions, electronic payments and other deductions that do not appear on this statement (see space provided below).

to	Amount
Step 3 Total	

ate	Check #	Amount
Step 4 Total		

## balancing Your Register to This Statement

Step 5 Enter the 'current balance' shown on this statement.	\$	
Add total from Step 3	+	
Subtotal	\$	
Subtract total from step 4	-	
This balance should equal your register balance. If it does not agree, see steps below.		
	\$	

If your account does not balance, review the following:

Check all your addition and subtraction above and in your register.

Make sure you remembered to subtract service charges listed on this statement and add any interest earned to your register.

## Change of Address

If you need to change your address on any of your Compass accounts by phone, please call your local CompassLine number listed on the front of this statement to speak with a Customer Service Representative. You may visit any of our convenient Compass Bank locations, or write to Compass Bank Customer Service, P.O. Box 10566, Birmingham, AL 35296.

## Electronic Transfers (For Consumer Accounts Only\*)

In case of errors or questions about your Electronic Transfers, write to Compass Bank, Operations Compliance Support, P. O. Box 10566, Birmingham, AL 35296. Or simply call your local customer service number printed on the front of this statement. Call or write as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (20 on claims on accounts opened less than 30 calendar days) to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

\* For Non-Consumer Account customers, please refer to your current Non-Consumer Account Agreement for details regarding Electronic Fund Transfers.

## Overdraft Protection

We calculate the finance charge on your overdraft protection loan account by applying the periodic rate times the number of days in the billing cycle to the "average daily balance" of your account. To get the "average daily balance" we take the beginning balance of your account less any unpaid finance charges each day, add any new advances or debits, and subtract any payments or credits. This gives us the daily balance. Then we add all the daily balances for the billing cycle and divide by the number of days in the billing cycle. This gives us the "average daily balance". Payments to your overdraft protection loan account made through our tellers or deposited at our automated teller machines (ATMs) Monday through Friday before the posted cut-off time will be posted to your account on the date they are accepted. Otherwise, they will be posted on the next business day. Payments made through our ATMs via a funds transfer will be posted on the date they are received or on the next business day if made after 6pm CT (6pm MT for Arizona accounts) Monday through Friday or at anytime on Saturday, Sunday or bank holidays. Compass Bank business days are Monday through Friday, excluding holidays.

**In Case of Errors or Questions About Your Statement (Overdraft Protection Only)**  
If you think your statement is wrong, or if you need more information about a transaction on your statement, write your issue on a separate document and send it to Bankcard Center, P.O. Box 2210, Decatur, AL 35699-0001. Telephone inquiries may be made by calling your local CompassLine number listed on the front of this statement to speak with a Customer Service Representative. Please note: a telephone inquiry will not preserve your rights under federal law. We must hear from you no later than sixty (60) days after we sent you the first statement on which the error or problem appeared.

In your letter, give us the following information:

1. Your name and account number (if any).
2. The dollar amount of the suspected error.
3. Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You can stop the automatic deduction of the Minimum Payment from your checking account if you think your statement is wrong. To stop the payment, your letter must reach us three (3) business days before the automatic deduction is scheduled to occur.

☐ Amounts of deposits and withdrawals on this statement should match your register entries.

☐ If you have questions or need assistance, please refer to the phone number on the front of this statement.

Primary Account: ██████████

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Enclosures 0

Jun 30, 2007 to Jul 31, 2007

**Compass  
Bank**

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**BLACKSHEAR CONSTRUCTION LLC****Deposits and Other Credits (cont'd)**

Date	Serial #	Amount	Description
Jul 18		9,994.00	✓ DEPOSIT (Mesa)
Jul 18		5,000.00	✓ DEPOSIT (EA)

**Withdrawals and Other Debits**

Date	Amount	Description
Jul 02	140.92	✓ PURCHASE FROM DDA - WAL-MART #2671 INTLK 24267101 06/30/07 CARD 9421618413 POS -AT WAL-MART #2671 CHANDLER (AZ
Jul 02	42.48	✓ DEBIT FOR CHECKCARD 9421618405 06/29/07 WAL MART CHANDLER AZ
Jul 02	40.00	✓ DEBIT FOR CHECKCARD 9421618405 06/29/07 CHEVRON 00307690 CHANDLER AZ
Jul 02	40.00	✓ DEBIT FOR CHECKCARD 9421618405 07/01/07 CIRCLE K 05973 Q04 CHANDLER AZ
Jul 02	39.71	✓ DEBIT FOR CHECKCARD 9421618405 06/28/07 CHOMPIES RESTAURANT & B TEMPE AZ
Jul 02	33.00	✓ DEBIT FOR CHECKCARD 9421618413 06/30/07 USA SKATELAND CHAN CHANDLER AZ
Jul 02	21.55	✓ DEBIT FOR CHECKCARD 9421618405 06/28/07 YAKETY YAK WIRELESS - CHANDLER AZ
Jul 02	102.50	✓ WITHDRAWAL FROM DDA - KOLBY'S CO PLUS 81933608 07/02/07 CARD 9421618405 ATM -AT 1301 E UNIVERSITY TEMPE AZ
Jul 03	299.85	✓ DEBIT FOR CHECKCARD 9421618405 07/01/07 THE HOME DEPOT 470 CHANLDER AZ
Jul 03	138.24	✓ DEBIT FOR CHECKCARD 9421618405 07/02/07 DRIVETIME CHANDLER 4808214445 AZ
Jul 03	90.03	✓ DEBIT FOR CHECKCARD 9421618405 07/01/07 THE HOME DEPOT 470 CHANLDER AZ
Jul 03	28.94	✓ PURCHASE FROM DDA - FRY'S FOOD & DR INTLK IN3000 07/03/07 CARD 9421618413 POS -AT FRY'S FOOD & DRUG 1 CHANDLER AZ
Jul 05	102.50	✓ WITHDRAWAL FROM DDA - KOLBY'S CO PLUS 81933608 07/04/07 CARD 9421618405 ATM -AT 1301 E UNIVERSITY TEMPE AZ
Jul 05	47.00	✓ DEBIT FOR CHECKCARD 9421618405 07/03/07 PATEL'S ARCO AM-PM CHANDLER AZ
Jul 05	4.00	✓ DEBIT FOR CHECKCARD 9421618405 07/03/07 MAIN STREET BILLIARDS 4809697898 AZ
Jul 05	202.50	✓ WITHDRAWAL FROM DDA - KOLBY'S CO PLUS 81933608 07/05/07 CARD 9421618405 ATM -AT 1301 E UNIVERSITY TEMPE AZ
Jul 06	10.00	✓ DEBIT FOR CHECKCARD 9421618413 07/05/07 VISTA.COM, INC 425-497-9909 WA
Jul 09	124.43	✓ PURCHASE FROM DDA - WAL-MART #2671 INTLK 24267101 07/06/07 CARD 9421618413 POS -AT WAL-MART #2671 CHANDLER (AZ
Jul 09	48.01	✓ DEBIT FOR CHECKCARD 9421618405 07/07/07 CIRCLE K 08749 Q04 MESA AZ
Jul 09	45.00	✓ DEBIT FOR CHECKCARD 9421618405 07/05/07 PATEL'S ARCO AM PM CHANDLER AZ
Jul 09	68.86	✓ PURCHASE FROM DDA - SOU USPS 03636 INTLK 00000097 07/09/07 CARD 9421618413 POS -AT SOU USPS 036368020 CHANDLER AZ

BLACKSHEAR CONSTRUCTION LLC

Withdrawals and Other Debits (cont'd)

Date	Amount	Description
Jul 10	40.45	PURCHASE FROM DDA - ARCO PAYPOINT INTLK IN3300 07/09/07 CARD 9421618405 POS -AT ARCO PAYPOINT TEMPE AZ
Jul 11	236.79	DEBIT FOR CHECKCARD 9421618413 07/09/07 SPRINTPCS-CUSTCAREPMT 888-211-4727 KS
Jul 12	299.05	DEBIT FOR CHECKCARD 9421618413 07/11/07 SPRINT *NEXTEL-CS 800-639-6111 VA
Jul 12	298.49	DEBIT FOR CHECKCARD 9421618405 07/10/07 THE HOME DEPOT 470 CHANLDER AZ
Jul 12	9.74	PURCHASE FROM DDA - FRY'S FOOD & DR INTLK IN3800 07/12/07 CARD 9421618413 POS -AT FRY'S FOOD & DRUG 1 CHANDLER AZ
Jul 13	585.86	DEBIT FOR CHECKCARD 9421618405 07/11/07 THE HOME DEPOT 470 CHANLDER AZ
Jul 13	40.01	DEBIT FOR CHECKCARD 9421618405 07/11/07 PATEL'S ARCO AM PM CHANDLER AZ
Jul 16	169.89	DEBIT FOR CHECKCARD 9421618405 07/13/07 DRIVETIME CHANDLER 4808214445 AZ
Jul 16	121.09	PURCHASE FROM DDA - WAL-MART #2671 INTLK 24267101 07/13/07 CARD 9421618413 POS -AT WAL-MART #2671 CHANDLER (AZ
Jul 16	74.48	DEBIT FOR CHECKCARD 9421618405 07/12/07 THE HOME DEPOT 470 CHANLDER AZ
Jul 16	47.52	DEBIT FOR CHECKCARD 9421618405 07/12/07 IHOP # 1509 CHANDLER AZ
Jul 16	45.00	DEBIT FOR CHECKCARD 9421618405 07/14/07 PATEL'S ARCO AM PM CHANDLER AZ
Jul 16	44.00	DEBIT FOR CHECKCARD 9421618405 07/12/07 CHEVRON 00307690 CHANDLER AZ
Jul 16	8.62	DEBIT FOR CHECKCARD 9421618413 07/12/07 PENNY'S ICE CREAM 480-9178690 AZ
Jul 16	3.00	JUN IMAGE STATEMENT
Jul 18	42.97	DEBIT FOR CHECKCARD 9421618405 07/17/07 BATTERIES PLUS #330 CHANDLER AZ
Jul 18	40.45	PURCHASE FROM DDA - ARCO PAYPOINT INTLK IN3042 07/17/07 CARD 9421618405 POS -AT ARCO PAYPOINT TEMPE AZ
Jul 20	93.67	DEBIT FOR CHECKCARD 9421618405 07/18/07 ADB BUILDING SUPPLY IN 6024371966 AZ
Jul 20	9.25	DEBIT FOR CHECKCARD 9421618405 07/19/07 FRY'S-FOOD-DRG #051 SXN CHANDLER AZ
Jul 23	153.85	PURCHASE FROM DDA - WAL-MART #2671 INTLK 24267101 07/22/07 CARD 9421618413 POS -AT WAL-MART #2671 CHANDLER (AZ
Jul 23	58.51	DEBIT FOR CHECKCARD 9421618405 07/21/07 WAL MART CHANDLER AZ
Jul 23	54.86	DEBIT FOR CHECKCARD 9421618413 07/20/07 FACTORY 2-U 01006006 CHANDLER AZ
Jul 23	52.84	DEBIT FOR CHECKCARD 9421618405 07/22/07 68 NEW CHINA BUFFE TUCSON AZ
Jul 23	40.01	DEBIT FOR CHECKCARD 9421618405 07/21/07 QUIK MART #29 Q70 5202948243 AZ
Jul 23	38.00	DEBIT FOR CHECKCARD 9421618405 07/19/07 QT 427 05004270 CHANDLER AZ
Jul 23	26.59	DEBIT FOR CHECKCARD 9421618405 07/19/07 THE HOME DEPOT 470 CHANLDER AZ



Primary Account: [REDACTED]  
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 Jun 30, 2007 to Jul 31, 2007



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Bank**

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**BLACKSHEAR CONSTRUCTION LLC**

**Withdrawals and Other Debits (cont'd)**

Date	Amount	Description
Jul 23	15.22	DEBIT FOR CHECKCARD 9421618405 07/19/07
		THE HOME DEPOT 470 CHANLDER AZ
Jul 23	101.87	PURCHASE FROM DDA - SOU USPS 03636
		INTLK 00000095 07/23/07 CARD 9421618413
		POS -AT SOU USPS 036368020 CHANDLER AZ
Jul 25	40.00	DEBIT FOR CHECKCARD 9421618405 07/23/07
		QT 427 05004270 CHANDLER AZ
Jul 26	45.15	DEBIT FOR CHECKCARD 9421618405 07/25/07
		CHEVRON 00307690 CHANDLER AZ
Jul 26	43.00	DEBIT FOR CHECKCARD 9421618405 07/24/07
		PATEL'S ARCO AM PM CHANDLER AZ
Jul 26	12.83	DEBIT FOR CHECKCARD 9421618405 07/24/07
		THE HOME DEPOT 470 CHANLDER AZ
Jul 27	98.64	DEBIT FOR CHECKCARD 9421618405 07/26/07
		CARTRIDGE WORLD CHANDLER AZ
Jul 30	647.11	DEBIT FOR CHECKCARD 9421618405 07/26/07
		SEARS ROEBUCK 1169 CHANDLER AZ
Jul 30	564.98	DEBIT FOR CHECKCARD 9421618405 07/26/07
		ADVANTAGE RENT A CAR #6 PHOENIX AZ
Jul 30	169.89	DEBIT FOR CHECKCARD 9421618405 07/28/07
		DRIVETIME CHANDLER 4808214445 AZ
Jul 30	119.63	PURCHASE FROM DDA - WAL-MART #2671
		INTLK 24267101 07/27/07 CARD 9421618413
		POS -AT WAL-MART #2671 CHANDLER ( AZ
Jul 30	115.21	DEBIT FOR CHECKCARD 9421618405 07/26/07
		THE HOME DEPOT 470 CHANLDER AZ
Jul 30	42.02	DEBIT FOR CHECKCARD 9421618405 07/26/07
		EXXONMOBIL 10399160 AHWATUKEE AZ
Jul 30	40.00	DEBIT FOR CHECKCARD 9421618405 07/28/07
		CIRCLE K 05973 Q04 CHANDLER AZ
Jul 30	38.80	PURCHASE FROM DDA - SOU THE SPORTS
		INTLK 00000003 07/28/07 CARD 9421618413
		POS -AT SOU THE SPORTS AUT CHANDLER AZ
Jul 30	35.45	PURCHASE FROM DDA - ARCO PAYPOINT
		INTLK IN3041 07/27/07 CARD 9421618405
		POS -AT ARCO PAYPOINT TEMPE AZ
Jul 30	11.50	DEBIT FOR CHECKCARD 9421618413 07/28/07
		USA SKATELAND CHAN CHANDLER AZ
Jul 31	775.43	DEBIT FOR CHECKCARD 9421618413 07/30/07
		BARRIER INSULATION INC 6239310637 AZ
Jul 31	39.00	DEBIT FOR CHECKCARD 9421618405 07/30/07
		CHEVRON 00307690 CHANDLER AZ
Jul 31	140.14	PURCHASE FROM DDA - ADVANTAGE PAWN
		INTLK 00010001 07/31/07 CARD 9421618405
		POS -AT ADVANTAGE PAWN&JEW CHANDLER AZ

**Daily Balance Summary**

Date	Balance	Date	Balance	Date	Balance
Jun 29	10,869.26	Jul 11	10,304.87	Jul 20	20,525.20
Jul 02	10,599.10	Jul 12	9,445.59	Jul 23	18,353.45
Jul 03	9,549.04	Jul 13	7,249.64	Jul 25	18,253.45
Jul 05	8,645.58	Jul 16	6,517.54	Jul 26	18,152.47
Jul 06	7,836.76	Jul 17	6,417.54	Jul 27	15,328.83
Jul 09	25,088.46	Jul 18	21,328.12	Jul 30	13,544.24
Jul 10	23,691.66	Jul 19	21,128.12	Jul 31	12,493.67

BLACKSHEAR CONSTRUCTION LLC

Image Items

#0000	07/17	\$100.00	#0000	07/23	\$500.00	#0000	07/09	\$1,000.00
#2054	07/05	\$547.46	#2129	07/02	\$260.00	#2135	07/02	\$300.00
#2138	07/03	\$294.00	#2139	07/23	\$380.00	#2140	07/10	\$360.00
#2141	07/03	\$144.00	#2142	07/03	\$55.00	#2143	07/06	\$50.00
#2144	07/02	\$6,250.00	#2145	07/06	\$748.82	#2146	07/10	\$440.35
#2147	07/12	\$252.00	#2148	07/10	\$306.00	#2149	07/16	\$128.00

Primary Account: **██████████**  
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Jun 30, 2007 to Jul 31, 2007



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**BLACKSHEAR CONSTRUCTION LLC**

#2150	07/13	\$128.00	#2151	07/11	\$10,000.00	#2152	07/11	\$300.00									
<div>BLACKSHEAR CONSTRUCTION LLC 2150 DATE 07-13-2007 To: H.B. Phinley, LLC \$128.00 Compass Bank X Camm Blackshear</div>	<div>BLACKSHEAR CONSTRUCTION LLC 2151 DATE 07-11-2007 To: H.B. Phinley, LLC \$10,000.00 Compass Bank X Camm Blackshear</div>	<div>BLACKSHEAR CONSTRUCTION LLC 2152 DATE 07-11-2007 To: H.B. Phinley, LLC \$300.00 Compass Bank X Camm Blackshear</div>	<div>BLACKSHEAR CONSTRUCTION LLC 2153 DATE 07-10-2007 To: Camm Blackshear \$250.00 Compass Bank X Camm Blackshear</div>	<div>BLACKSHEAR CONSTRUCTION LLC 2154 DATE 07-16-2007 To: Construction Labor Service, Inc. \$23.00 Compass Bank X Camm Blackshear</div>	<div>BLACKSHEAR CONSTRUCTION LLC 2155 DATE 07-16-2007 To: Colonial Spinal and Tissue \$93.75 Compass Bank X Camm Blackshear</div>	<div>BLACKSHEAR CONSTRUCTION LLC 2156 DATE 07-11-2007 To: Howard Electric, LLC \$1,600.00 Compass Bank X Camm Blackshear</div>	<div>BLACKSHEAR CONSTRUCTION LLC 2157 DATE 07-11-2007 To: Howard Electric, LLC \$1,250.00 Compass Bank X Camm Blackshear</div>	<div>BLACKSHEAR CONSTRUCTION LLC 2158 DATE 07-13-2007 To: J.P. Truitt, Group, Inc. \$635.00 Compass Bank X Camm Blackshear</div>	<div>BLACKSHEAR CONSTRUCTION LLC 2159 DATE 07-13-2007 To: Carl Mays \$57.08 Compass Bank X Camm Blackshear</div>	<div>BLACKSHEAR CONSTRUCTION LLC 2160 DATE 07-13-2007 To: Camm Blackshear \$750.00 Compass Bank X Camm Blackshear</div>	<div>BLACKSHEAR CONSTRUCTION LLC 2161 DATE 07-19-2007 To: Linda Davis \$200.00 Compass Bank X Camm Blackshear</div>	<div>BLACKSHEAR CONSTRUCTION LLC 2162 DATE 07-20-2007 To: Chicago Little Company \$500.00 Compass Bank X Camm Blackshear</div>	<div>BLACKSHEAR CONSTRUCTION LLC 2163 DATE 07-23-2007 To: Camm Blackshear \$250.00 Compass Bank X Camm Blackshear</div>	<div>BLACKSHEAR CONSTRUCTION LLC 2164 DATE 07-25-2007 To: Alanov, A. Brian \$60.00 Compass Bank X Camm Blackshear</div>	<div>BLACKSHEAR CONSTRUCTION LLC 2165 DATE 07-23-2007 To: Carl Mays \$500.00 Compass Bank X Camm Blackshear</div>	<div>BLACKSHEAR CONSTRUCTION LLC 2167 DATE 07-31-2007 To: Van Tent Post Service, Inc. \$48.00 Compass Bank X Camm Blackshear</div>	<div>BLACKSHEAR CONSTRUCTION LLC 2168 DATE 07-31-2007 To: Van Tent Post Service, Inc. \$48.00 Compass Bank X Camm Blackshear</div>

Primary Account: [REDACTED]

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BLACKSHEAR CONSTRUCTION LLC

#2169      07/27      \$2,725.00

BLACKSHEAR CONSTRUCTION LLC		2169
7000 S. 10TH AVE. SUITE 100 DENVER, CO 80202		
DATE 07-27-2007		TIME 1:30 PM
TO: [Signature]		\$ 2,725.00
FROM: [Signature]		
COMPASS BANK		
PO BOX 2169 DENVER, CO 80202		
MICR LINE: ⑆0000171500⑆		

Primary Account: [REDACTED]

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Aug 01, 2007 to Aug 31, 2007



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042 000002164 01 AV 0.312 11  
 BLACKSHEAR CONSTRUCTION LLC  
 513 N COMANCHE DR  
 CHANDLER AZ 85224-4330

Your business is important to us. So let us know if you ever have a question or if we can assist you in any way. We're always happy to hear from you and we're ready to help.

If you have questions about your statement, call Customer Service at 1-800-852-0803.

**Business Checking**  
**2507234855**

**BLACKSHEAR CONSTRUCTION LLC**

**Deposit Account Recap**

Beginning Balance as of August 1, 2007		12,493.67
4 Deposits	(Plus)	3,094.65
70 Withdrawals	(Minus)	12,250.32
Ending Balance as of August 31, 2007		3,338.00

**Account Checks by Serial Number**

Serial	Date	Amount	Serial	Date	Amount
	Aug 02	100.00	2174 *	Aug 15	950.00
2068 *	Aug 07	628.36	2175	Aug 15	25.00
2166 *	Aug 06	260.00	2176	Aug 08	505.00
2170 *	Aug 01	1,250.00	2177	Aug 15	93.75
2171	Aug 03	1,250.00	2178	Aug 15	750.00

\* Indicates break in check sequence

**Deposits and Other Credits**

Date	Serial #	Amount	Description
Aug 13		188.00	DEPOSIT
Aug 14		41.65	CREDIT FOR CHECKCARD 9421618405 08/12/07
			CRAZY BUFFET TEMPE AZ
Aug 27		1,065.00	DEPOSIT
Aug 31		1,800.00	DEPOSIT

**Withdrawals and Other Debits**

Date	Amount	Description
Aug 01	121.51	DEBIT FOR CHECKCARD 9421618413 07/31/07
		SPRINT *NEXTEL-CS 800-639-6111 VA
Aug 02	221.08	DEBIT FOR CHECKCARD 9421618413 07/31/07
		SPRINTPCS-CUSTCAREPMT 888-211-4727 KS
Aug 02	41.00	DEBIT FOR CHECKCARD 9421618405 08/01/07
		CIRCLE K 05973 Q04 CHANDLER AZ
Aug 02	11.71	PURCHASE FROM DDA - FRY'S FOOD & DR
		INTLK IN3045 08/02/07 CARD 9421618413
		POS -AT FRY'S FOOD & DRUG 1 CHANDLER AZ

## How To Balance Your Account

- Step 1** ☐ Enter all checks, deposits, and other automated teller card (ATM) transactions in your register.
- ☐ Record all automated deductions, debit card transactions and electronic bill payments in your register.
- ☐ Record and deduct service charges, check printing charges, or other bank fees in your register.
- ☐ If you have an interest bearing account, add any interest earned shown on this statement to your register.

**step 2** If applicable, sort checks in numerical order and mark in your register each check or other transaction that is listed on this statement.

**Step 3** List any deposits or credits you have made that do not appear on this statement (see space provided below).

**step 4** List any checks you have written, debit card transactions, electronic payments and other deductions that do not appear on this statement (see space provided below).

ate	Amount

**Step 3 Total**

[illegible]

### Step 4 Total

## Balancing Your Register to This Statement

<b>Step 5</b> Enter the 'current balance' shown on this statement.	\$	
<b>Add total from Step 3</b>	+	
<b>Subtotal</b>	\$	
<b>Subtract total from step 4</b>	-	

**This balance should equal your register balance. If it does not agree, see steps below.**

**your account does not balance, review the following:**

- ☐ Check all your addition and subtraction above and in your register.
- ☐ Make sure you remembered to subtract service charges listed on this statement and add any interest earned to your register.

## Change of Address

If you need to change your address on any of your Compass accounts by phone, please call your local CompassLine number listed on the front of this statement to speak with a Customer Service Representative. You may visit any of our convenient Compass Bank locations, or write to Compass Bank Customer Service, P.O. Box 10566, Birmingham, AL 35296.

**Electronic Transfers (For Consumer Accounts Only\*)**

In case of errors or questions about your Electronic Transfers, write to Compass Bank, Operations Compliance Support, P. O. Box 10566, Birmingham, AL 35296. Or simply call your local customer service number printed on the front of this statement. Call or write as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (20 on claims on accounts opened less than 30 calendar days) to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

\* For Non-Consumer Account customers, please refer to your current Non-Consumer Account Agreement for details regarding Electronic Fund Transfers.

## Overdraft Protection

We calculate the finance charge on your overdraft protection loan account by applying the periodic rate times the number of days in the billing cycle to the "average daily balance" of your account. To get the "average daily balance" we take the beginning balance of your account less any unpaid finance charges each day, add any new advances or debits, and subtract any payments or credits. This gives us the daily balance. Then we add all the daily balances for the billing cycle and divide by the number of days in the billing cycle. This gives us the "average daily balance". Payments to your overdraft protection loan account made through our tellers or deposited at our automated teller machines (ATMs) Monday through Friday before the posted cut-off time will be posted to your account on the date they are accepted. Otherwise, they will be posted on the next business day. Payments made through our ATMs via a funds transfer will be posted on the date they are received or on the next business day if made after 6pm CT (6pm MT for Arizona accounts) Monday through Friday or at anytime on Saturday, Sunday or bank holidays. Compass Bank business days are Monday through Friday, excluding holidays.

**In Case of Errors or Questions About Your Statement (Overdraft Protection Only)**

If you think your statement is wrong, or if you need more information about a transaction on your statement, write your issue on a separate document and send it to Bankcard Center, P.O. Box 2210, Decatur, AL 35699-0001. Telephone inquiries may be made by calling your local CompassLine number listed on the front of this statement to speak with a Customer Service Representative. Please note: a telephone inquiry will not preserve your rights under federal law. We must hear from you no later than sixty (60) days after we sent you the first statement on which the error or problem appeared.

**In your letter, give us the following information:**

1. Your name and account number (if any).
2. The dollar amount of the suspected error.
3. Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

**You can stop the automatic deduction of the Minimum Payment from your checking account if you think your statement is wrong. To stop the payment, your letter must reach us three (3) business days before the automatic deduction is scheduled to occur.**

- ☐ Amounts of deposits and withdrawals on this statement should match your register entries.
- ☐ If you have questions or need assistance, please refer to the phone number on the front of this statement.

Primary Account [REDACTED]  
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BLACKSHEAR CONSTRUCTION LLC

Withdrawals and Other Debits (cont'd)

Date	Amount	Description
Aug 03	40.01	PURCHASE FROM DDA - 7-ELEVEN INTLK 00MS8P01 08/02/07 CARD 9421618405 POS -AT 7-ELEVEN TEMPE AZ
Aug 06	1,437.00	DEBIT FOR CHECKCARD 9421618413 08/02/07 ALLIED BLDG SUPPLY 602-2547341 AZ
Aug 06	202.00	WITHDRAWAL FROM DDA - W.F.B. PLUS 9942N 08/05/07 CARD 9421618405
Aug 06	104.30	ATM -AT CHANDLER/DU CHANDLER AZ PURCHASE FROM DDA - WAL-MART #2671 INTLK 24267101 08/03/07 CARD 9421618413
Aug 06	42.72	POS -AT WAL-MART #2671 CHANDLER ( AZ DEBIT FOR CHECKCARD 9421618413 08/03/07
Aug 06	35.00	SPROUTS FARMERS MAR CHANDLER AZ DEBIT FOR CHECKCARD 9421618405 08/03/07
Aug 06	35.00	CIRCLE K 05973 Q04 CHANDLER AZ DEBIT FOR CHECKCARD 9421618413 08/05/07
Aug 06	26.19	VISTA.COM, INC 425-497-9909 WA DEBIT FOR CHECKCARD 9421618405 08/03/07
Aug 06	11.15	THE HOME DEPOT 470 CHANLDER AZ PURCHASE FROM DDA - FRY'S FOOD & DR INTLK IN3200 08/06/07 CARD 9421618413
Aug 07	39.00	POS -AT FRY'S FOOD & DRUG 1 CHANDLER AZ DEBIT FOR CHECKCARD 9421618405 08/05/07
Aug 08	15.67	PATEL'S ARCO AM PM CHANDLER AZ PURCHASE FROM DDA - FRY'S FOOD & DR INTLK IN3100 08/08/07 CARD 9421618413
Aug 09	41.01	POS -AT FRY'S FOOD & DRUG 1 CHANDLER AZ DEBIT FOR CHECKCARD 9421618405 08/07/07
Aug 09	11.82	CIRCLE K 05973 Q04 CHANDLER AZ DEBIT FOR CHECKCARD 9421618405 08/08/07
Aug 10	32.10	HOOSIER CAFE CHANDLER AZ DEBIT FOR CHECKCARD 9421618405 08/08/07
Aug 10	402.00	THE HOME DEPOT 470 CHANLDER AZ WITHDRAWAL FROM DDA - CHASE PLUS AZ0622 08/10/07 CARD 9421618405
Aug 10	139.22	ATM -AT 1950 W RAY RD CHANDLER AZ PURCHASE FROM DDA - WAL-MART #2671 INTLK 24267101 08/10/07 CARD 9421618413
Aug 13	202.50	POS -AT WAL-MART #2671 CHANDLER ( AZ WITHDRAWAL FROM DDA - KOLBY'S CO PLUS 81933608 08/12/07 CARD 9421618405
Aug 13	70.00	ATM -AT 1301 E UNIVERSITY TEMPE AZ DEBIT FOR CHECKCARD 9421618405 08/11/07
Aug 13	43.00	G CUE BILLIARD STORE 6022686067 AZ DEBIT FOR CHECKCARD 9421618405 08/09/07
Aug 13	19.38	EXXONMOBIL 11329273 CHANDLER AZ DEBIT FOR CHECKCARD 9421618413 08/12/07
Aug 13	64.29	FEDEX SHP 08/08/07 AB# 861-765539997TN PURCHASE FROM DDA - SOU USPS 03636 INTLK 00000097 08/13/07 CARD 9421618413
Aug 14	170.00	POS -AT SOU USPS 036368022 CHANDLER AZ DEBIT FOR CHECKCARD 9421618405 08/13/07
Aug 14	84.96	DRIVETIME CHANDLER 4808214445 AZ DEBIT FOR CHECKCARD 9421618405 08/13/07 WAL-MART #1512 CHANDLER AZ

BLACKSHEAR CONSTRUCTION LLC

Withdrawals and Other Debits (cont'd)

Date	Amount	Description
Aug 14	41.65	DEBIT FOR CHECKCARD 9421618405 08/12/07 CRAZY BUFFET TEMPE AZ
Aug 14	41.65	DEBIT FOR CHECKCARD 9421618405 08/12/07 CRAZY BUFFET TEMPE AZ
Aug 14	28.46	PURCHASE FROM DDA - SAFEWAY STORE INTLK 16040001 08/14/07 CARD 9421618413 POS -AT SAFEWAY STORE 16 CHANDLER AZ
Aug 15	54.49	DEBIT FOR CHECKCARD 9421618405 08/13/07 CITY OF CHANDLER 4807822316 AZ
Aug 15	47.00	DEBIT FOR CHECKCARD 9421618405 08/13/07 PATEL'S ARCO AM PM CHANDLER AZ
Aug 15	25.00	JUL STOP PAYMENT
Aug 15	3.00	JUL IMAGE STATEMENT
Aug 16	19.38	DEBIT FOR CHECKCARD 9421618413 08/15/07 FEDEX SHP 08/10/07 AB# 861-765533598TN
Aug 17	40.00	DEBIT FOR CHECKCARD 9421618405 08/15/07 SHELL SERVICE STATION TEMPE AZ
Aug 17	172.37	PURCHASE FROM DDA - WAL-MART #2671 INTLK 24267101 08/17/07 CARD 9421618413 POS -AT WAL-MART #2671 CHANDLER ( AZ
Aug 17	4.04	PURCHASE FROM DDA - FRY'S FOOD & DR INTLK IN3032 08/17/07 CARD 9421618413 POS -AT FRY'S FOOD & DRUG 1 CHANDLER AZ
Aug 20	40.45	PURCHASE FROM DDA - ARCO PAYPOINT INTLK IN3044 08/18/07 CARD 9421618405 POS -AT ARCO PAYPOINT TEMPE AZ
Aug 20	30.00	DEBIT FOR CHECKCARD 9421618405 08/17/07 CIRCLE K 05973 Q04 CHANDLER AZ
Aug 20	202.00	WITHDRAWAL FROM DDA - W.F.B PLUS 2141N 08/20/07 CARD 9421618405 ATM -AT DOBSON-BASHAS CHANDLER AZ
Aug 21	273.63	DEBIT FOR CHECKCARD 9421618405 08/20/07 ECONO LUBE N TUNE #236 6025011194 AZ
Aug 21	6.50	DEBIT FOR CHECKCARD 9421618405 08/19/07 KOLBY'S CORNER POCKET 4808297344 AZ
Aug 21	226.08	DEBIT FOR PFS 425-951-7800 PFSPYMTWAB CO REF- 69482
Aug 24	39.14	DEBIT FOR CHECKCARD 9421618405 08/22/07 OFFICE MAX PHOENIX AZ
Aug 24	37.00	DEBIT FOR CHECKCARD 9421618405 08/22/07 PATEL'S ARCO AM PM CHANDLER AZ
Aug 24	152.45	PURCHASE FROM DDA - WAL-MART #2671 INTLK 24267101 08/24/07 CARD 9421618405 POS -AT WAL-MART #2671 CHANDLER ( AZ
Aug 27	285.82	DEBIT FOR CHECKCARD 9421618405 08/23/07 ADVANTAGE RENT A CAR #6 PHOENIX AZ
Aug 27	265.26	DEBIT FOR CHECKCARD 9421618405 08/23/07 ADVANTAGE RENT A CAR #6 PHOENIX AZ
Aug 27	131.87	DEBIT FOR CHECKCARD 9421618413 08/24/07 SPRINT *SPRNTNXTTELIVR 800-639-6111 VA
Aug 27	52.93	DEBIT FOR CHECKCARD 9421618405 08/23/07 THE HOME DEPOT 470 CHANLDER AZ
Aug 27	36.21	DEBIT FOR CHECKCARD 9421618405 08/25/07 THE HOME DEPOT 470 CHANLDER AZ
Aug 27	27.25	DEBIT FOR CHECKCARD 9421618405 08/23/07 ADVANTAGE RENT A CAR #6 PHOENIX AZ



Primary Account: XXXXXXXXXX  
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Aug 01, 2007 to Aug 31, 2007



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## BLACKSHEAR CONSTRUCTION LLC

### Withdrawals and Other Debits (cont'd)

Date	Amount	Description
Aug 27	51.46	PURCHASE FROM DDA - SOU USPS 03636 INTLK 00000093 08/27/07 CARD 9421618413 POS -AT SOU USPS 036368020 CHANDLER AZ
Aug 28	14.46	DEBIT FOR CHECKCARD 9421618413 08/27/07 PAPA JOHNS #1356 502-261-4342 AZ
Aug 29	35.06	DEBIT FOR CHECKCARD 9421618405 08/27/07 ARCO AM-PM GAS X MESA AZ
Aug 30	102.00	WITHDRAWAL FROM DDA - W.F.B PLUS 9942N 08/29/07 CARD 9421618405 ATM -AT CHANDLER/DU CHANDLER AZ
Aug 30	35.00	DEBIT FOR CHECKCARD 9421618405 08/28/07 CHEVRON 00307690 CHANDLER AZ
Aug 30	19.38	PURCHASE FROM DDA - FRY'S FOOD & DR INTLK IN3044 08/30/07 CARD 9421618413 POS -AT FRY'S FOOD & DRUG 1 CHANDLER AZ
Aug 31	233.60	DEBIT FOR CHECKCARD 9421618413 08/29/07 SPRINTPCS-CUSTCAREPMT 888-211-4727 KS

### Daily Balance Summary

Date	Balance
Jul 31	12,493.67
Aug 01	11,122.16
Aug 02	10,748.37
Aug 03	9,458.36
Aug 06	7,305.00
Aug 07	6,637.64
Aug 08	6,116.97
Aug 09	6,064.14

Date	Balance
Aug 10	5,490.82
Aug 13	5,279.65
Aug 14	4,954.58
Aug 15	3,006.34
Aug 16	2,986.96
Aug 17	2,770.55
Aug 20	2,498.10
Aug 21	1,991.89

Date	Balance
Aug 24	1,763.30
Aug 27	1,977.50
Aug 28	1,963.04
Aug 29	1,927.98
Aug 30	1,771.60
Aug 31	3,338.00

### Image Items

#0000 08/02 \$100.00

Compass Bank Checking/ATMs Withdrawal

8/2/07 08:23:16

ONE HUNDRED DOLLARS

ATM

2207204150 0000000000 100.0000

0000000000 0000000000 0000000000

#2068 08/07 \$628.36

BLACKSHEAR CONSTRUCTION LLC

City of Casa Grande

628.36

Compass Bank

0000000000 0000000000 0000000000

#2166 08/06 \$260.00

BLACKSHEAR CONSTRUCTION LLC

2166

260.00

Compass Bank

0000000000 0000000000 0000000000

BLACKSHEAR CONSTRUCTION LLC

[illegible]

W-9 REQUEST FOR TAXPAYER  
IDENTIFICATION NUMBER AND CERTIFICATION

CONTRACTOR WILL SUBMIT UPON AWARD OF CONTRACT . . . . .  
(CONFIDENTIAL)



# Arizona Registrar of Contractors


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## License Information ROC220802

Oct 17, 2007 12:31:39 PM

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Company Name: **BLACKSHEAR CONSTRUCTION L L C**

License Status: **CURRENT**

Status Date:

Action:

Status Narrative:

Additional Information: (This information may not include all applicable suspensions.)  
SUSP 7/7/07-8/20/07 LACK OF BOND

Address: 513 N COMANCHE DR  
CHANDLER, AZ 85224

Phone Number: 480-606-2357

Former Company Name:

Date of Name Change:

License Number: ROC220802

License Class: KB-02 DUAL  
DUAL RESIDENCE AND SMALL COMMERCIAL

License Entity: LIMITED LIABILITY CO

License Issue Date: 6/13/2006

Renewed Thru: 6/30/2008

### Qualifying Party Information: (Last name listed first)

BLACKSHEAR JR EDWARD

Position: MEMBER

Date Qualified: 6/13/2006

### Principal Information: (Last name listed first)

NONE

### Complaint Information:

Complaints against this contractor are listed below. Complaints that were cancelled, resolved or settled without a corrective work order or dismissed are not included.

Contact the Registrar of Contractors at 602-542-1525 or toll-free statewide at 1-888-271-9286 to identify the ROC office location you need to visit to view complete complaint documentation.

Open: 1 This is the number of complaints against this contractor that are currently open except those

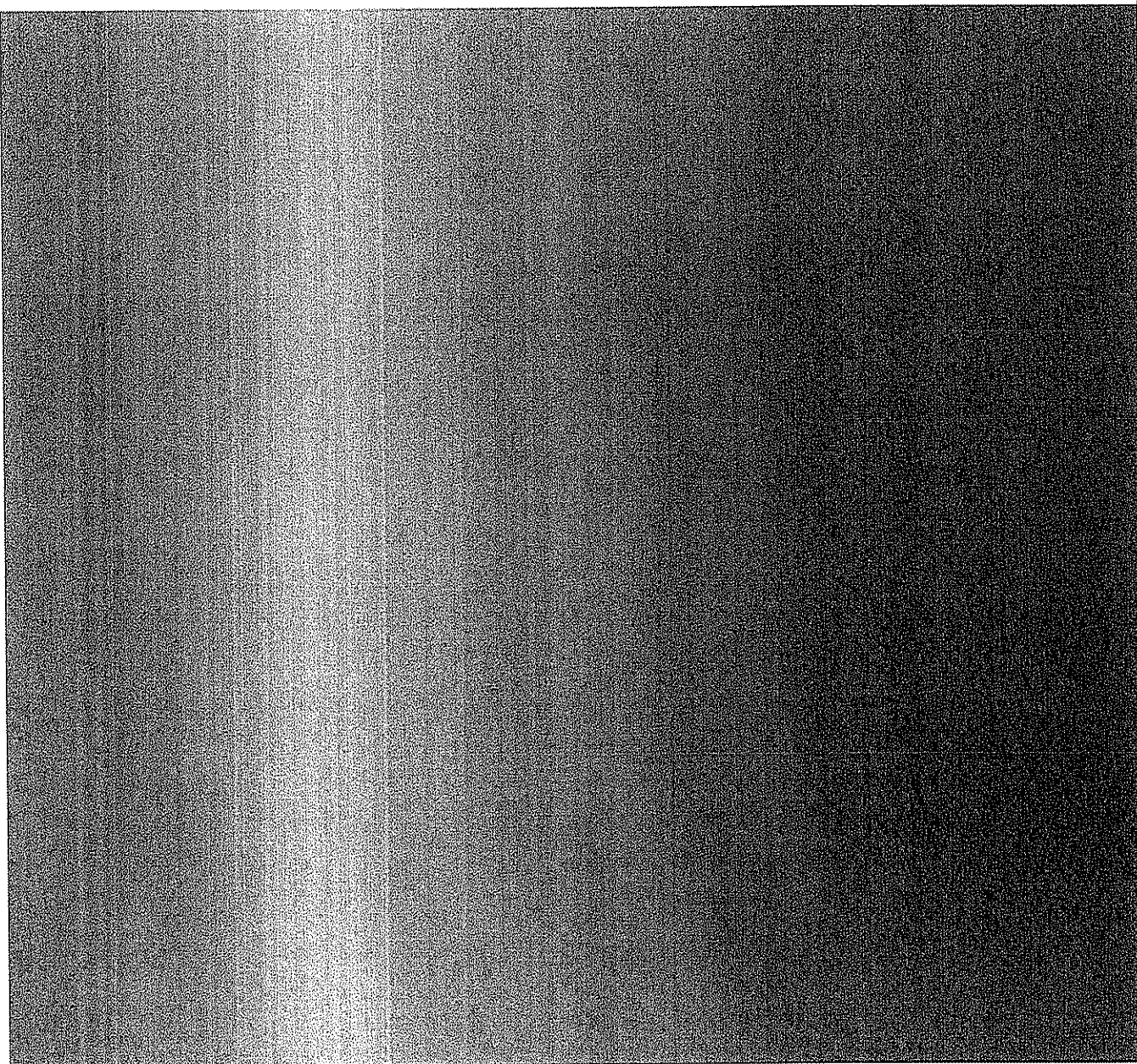
in which an agency inspection has not occurred or a violation was not found. Upon adjudication some complaints are found to be without merit and are dismissed.

**Closed:**

Disciplined:	0	This is the number of complaints against this contractor that resulted in discipline being imposed after an administrative hearing or default because of a violation(s) of state contracting law.
Resolved/Settled/ Withdrawn:	0	This is the number of complaints closed against this contractor that were resolved or settled by the contractor or withdrawn by the complainant after issuance of a corrective work order or formal citation.
Denied Access:	0	This is the number of complaints against this contractor that were closed without corrective work being performed because the contractor was denied access by the complainant.
Bankruptcy:	0	This is the number of complaints against this contractor that were closed because the contractor is in bankruptcy.

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